UK Coronavirus COVID-19 response
Infection prevention and control measures
Caring for suspected or confirmed COVID-19 patients

The information contained in this resource was based on available guidance at the time of publication 8th May 2020 (afternoon).
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UK Coronavirus COVID-19 response

The information contained in this resource is based on available guidance at the time of publication- 8th May 2020 (afternoon).

Important Note:
The COVID-19 response is evolving rapidly and guidance will change as more information becomes available.

The most current version of Health Protection Scotland COVID-19 guidance and this resource will be available on the HPS COVID-19 website and should be referred to.

Guidance:
https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/
Resource:
This learning resource is for people supporting the NHS services during the UK COVID-19 response in Scotland. You may be required to provide clinical care for patients who may be a confirmed or suspected COVID-19 case.

This resource aims to provide you with the additional infection prevention and control information you will need to protect yourself and others when providing clinical care for COVID-19 suspected or confirmed patients. Areas covered include:

- What is pandemic Coronavirus COVID-19 and how is it spread?
- COVID-19 IPC guidance - disease specific
- What to do if you develop symptoms

Before reading this resource you must ensure that you are already fully aware and able to put into practice the current Standard infection control precautions (SICPs) – and Transmission based precautions (TBPs) detailed in the National Infection Prevention and Control Manual. These can be found in the National Infection prevention and control manual (http://www.nipcm.hps.scot.nhs.uk/)

A further learning resource covering SICPs, TBPs and COVID-19 IPC measures is also available on the HPS COVID-19 website
Outline of resource

- What is Coronavirus-COVID-19 and how is it spread?
- Pandemic COVID-19 -Specific infection prevention and control guidance
Key resources

The National Infection Prevention and Control manual is a nationally endorsed evidence based guidance for infection prevention and control in Scotland. It is mandatory for NHS Scotland staff and much of the information contained in this resource is taken directly from the manual. The manual can be found at the weblink below and you should refer to it at all times for more detailed information:
http://www.nipcm.hps.scot.nhs.uk/

COVID-19 specific guidance
For staff caring for COVID-19 patients specific information can be found at the Health Protection Scotland COVID-19 guidance page.
https://www.hps.scot.nhs.uk/a-to-z-of-topics/covid-19/

This should be checked regularly due to the evolving nature of this response
What is Coronavirus-COVID-19 and how is it spread?
What is Coronavirus (COVID-19)?

- A coronavirus is a type of virus
- As a group, coronaviruses are common across the world
- (COVID-19) is the illness caused by a new strain of coronavirus first identified in Wuhan city, China in January 2020.
- For the majority of the population contracting COVID-19 they will develop mild symptoms - fever and cough
- Some people will have more serious symptoms, including pneumonia or difficulty breathing, which might require admission to hospital.
- Generally, COVID-19 infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic heart or lung disease
On the 12/3/20 the World Health Organisation declared COVID-19 a pandemic

“Pandemic” means a disease is so widespread that many people in many countries across the world will catch it.

A vaccine can only be developed once the type (or “strain”) emerges – it can’t be done beforehand.

There is currently no vaccine for COVID-19
The Coronavirus COVID-19 pandemic in Scotland is likely to affect people across the whole country. At this point it is unclear how long this pandemic will last.

The COVID-19 pandemic in Scotland will mean:

- Intense pressure on the NHS
- Disruption to daily life
- Potentially many deaths
Pandemic COVID-19
Specific Infection prevention and control guidance
COVID-19 Guidance for infection prevention and control in healthcare settings

⚠️ If you are asked to care for patients with COVID-19 then the Standard Infection Control Precautions and Transmission Based precautions should be followed. These can be found in the National Infection prevention and control manual http://www.nipcm.hps.scot.nhs.uk/

AND

⚠️ In addition there is specific guidance relating to infection prevention and control for staff caring for COVID-19 patients

Transmission of COVID-19 is considered to be via contact and droplet (airborne only with Aerosol Generating procedures (AGPs)

Details of this guidance can be found at the COVID-19 Health Protection Scotland website which is regularly revised https://www.hps.scot.nhs.uk/a-to-z-of-Topics/covid-19/

⚠️ It is crucial that you check this site to ensure you are working to the current guidance
How is COVID-19 spread?

- From what we know about other coronaviruses, transmission of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person.

- The risk of infection transmission increases the longer someone has close contact with an infected person.

- Respiratory secretions, from the coughs and sneezes of an infected person, are the main route of transmission.
How is COVID-19 spread?

There are two routes by which COVID-19 can be spread:

- **Directly**; from close contact with an infected person (within 2 metres) where respiratory secretions can enter the eyes, mouth, nose or airways. This risk increases the longer someone has close contact with an infected person who has symptoms.
- **Indirectly**; by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching own mouth, nose, or eyes.
- Under most circumstances, even without cleaning or disinfection, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.
COVID-19 Guidance for infection prevention and control in healthcare settings -  **Technique for hand washing and rubbing**

- Hand hygiene as detailed in Standard infection control procedures (SICPs) includes the use of alcohol based hand rub (ABHR) for routine hand hygiene and hand washing with soap and water, including thorough drying, if hands are visibly soiled or dirty.

- If wearing an apron rather than a gown (bare below the elbows), and it is known or possible that forearms have been exposed to respiratory secretions (for example cough droplets) or other body fluids, hand washing should be extended to include both forearms. Wash the forearms first and then wash the hands.
COVID-19 Guidance for infection prevention and control in healthcare settings - Technique for hand washing and rubbing

- The technique for hand washing must be carried out thoroughly and for a time period sufficient to inactivate the virus i.e. 40 to 60 seconds

- The technique for use of ABHR to decontaminate hands must be carried out thoroughly and for a time period sufficient to inactivate the virus i.e. 20 to 30 seconds

- Where no running water is available or hand hygiene facilities are lacking, such as in a patient’s home, staff may use hand wipes followed by ABHR and should wash their hands at the first available opportunity
COVID-19 Guidance for infection prevention and control in healthcare settings-Good respiratory and cough hygiene- Catch it, bin it, kill it

You must encourage patients, staff and visitors to minimise potential COVID-19 transmission through good respiratory hygiene measures:

• Disposable, single-use tissues should be used to cover the nose and mouth when sneezing, coughing or wiping and blowing the nose. Used tissues should be disposed of promptly in the nearest waste bin.

• Some patients (e.g. the elderly and children) may need assistance with containment of respiratory secretions; those who are immobile will need a container (e.g. a plastic bag) readily at hand for immediate disposal of tissues.

• Tissues, waste bins (lined and foot operated) and hand hygiene facilities should be available for patients, visitors and staff.

• Hands should be cleaned (using soap and water if possible, otherwise using ABHR) after coughing, sneezing, using tissues or after any contact with respiratory secretions and contaminated objects.

• In common waiting areas or during transportation, symptomatic patients may wear a fluid-resistant (Type IIR) surgical face mask (FRSM), if tolerated, to minimise the dispersal of respiratory secretions and reduce environmental contamination.
COVID-19 Guidance for infection prevention and control in healthcare settings—Personal protective equipment

Note: This information was correct on the 8th May 2020 but is likely to change as this rapidly evolving situation continues.

Before undertaking any procedure, you should assess any likely exposure and ensure PPE is worn that provides adequate protection against the risks associated with the procedure or task being undertaken.

⚠️ You must be trained in the proper use of all PPE that you may be required to wear.

ℹ️ In addition:

Staff who have had and recovered from COVID-19 should continue to follow infection control precautions, including the PPE recommended in this document.
All PPE is worn to protect you from contamination with body fluids to reduce the risk of passing the virus between patients and staff and from one patient to another.

Appropriate PPE for care of patients with COVID-19 is summarised in the tables on the following pages and notes for the table are explained below. These are available on the HPS COVID-19 webpage as are posters relating to PPE. Correct on the 8th May 2020.

- The four UK countries are adopting the COVID-19 guidance for infection prevention and control in healthcare settings. This official guidance was produced jointly by the Department of Health and Social Care, Public Health Wales, Public Health Agency (Northern Ireland), Health Protection Scotland and Public Health England.
- This guidance is consistent with the current infection prevention and control advice and guidance that has been issued to and used by NHS Scotland to manage the ongoing response to COVID-19.
- These tables are taken from the UK: COVID-19 Guidance for infection prevention and control.
- Revised 8th May 2020.
## Recommended PPE for healthcare workers by secondary care inpatient clinical setting, NHS and independent sector

<table>
<thead>
<tr>
<th>Setting</th>
<th>Context</th>
<th>Disposable Gloves</th>
<th>Disposable Plastic Apron</th>
<th>Disposable fluid-resistant gown</th>
<th>Surgical mask</th>
<th>Fluid resistant (Type III) surgical mask</th>
<th>Fitting face piece respirator</th>
<th>Eye/face protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute hospital inpatient, and emergency departments, mental health, learning disability, autism, central and maternity settings</td>
<td>Performing a single aerosol generating procedure(^2) on a possible or confirmed case(^1) in any setting outside a higher risk acute care area(^1)</td>
<td>✓ single use(^5)</td>
<td></td>
<td>✓ single use(^6)</td>
<td></td>
<td></td>
<td>✓ single use(^5)</td>
<td>✓ single use(^6)</td>
</tr>
<tr>
<td></td>
<td>Working in a higher risk acute care area(^1) with possible or confirmed case(^1)</td>
<td>✓ single use(^5)</td>
<td></td>
<td>✓ single use(^6)</td>
<td></td>
<td></td>
<td></td>
<td>✓ single use(^5)</td>
</tr>
<tr>
<td></td>
<td>Working in an inpatient, maternity, radiology area with possible or confirmed case(^1) – direct patient care (within 2 metres)</td>
<td>✓ single use(^5)</td>
<td></td>
<td></td>
<td></td>
<td>✓ sessonal use(^6)</td>
<td></td>
<td>✓ sessonal use(^6)</td>
</tr>
<tr>
<td></td>
<td>Working in an inpatient area with possible or confirmed case(^1) (not within 2 metres)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working in an emergency department/acute assessment area with possible or confirmed case(^1) – direct patient care (within 2 metres)</td>
<td>✓ single use(^5)</td>
<td>✓ single use(^6)</td>
<td></td>
<td></td>
<td>✓ sessonal use(^6)</td>
<td></td>
<td>✓ sessonal use(^6)</td>
</tr>
<tr>
<td></td>
<td>All individuals transferring possible or confirmed case(^1) (within 2 metres)</td>
<td>✓ single use(^5)</td>
<td>✓ single use(^6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓ sessonal use(^6)</td>
</tr>
<tr>
<td></td>
<td>Operating theatre with possible or confirmed case(^1) – no AGPs(^7)</td>
<td>✓ single use(^5)</td>
<td>✓ single use(^6)</td>
<td></td>
<td></td>
<td>✓ single or sessonal use(^6)</td>
<td></td>
<td>✓ single or sessonal use(^6)</td>
</tr>
<tr>
<td></td>
<td>Labour ward/area – 2nd/3rd stage labour vaginal delivery (no AGPs(^7)) – possible or confirmed case</td>
<td>✓ single use(^5)</td>
<td>✓ single use(^6)</td>
<td>✓ single use(^5)</td>
<td></td>
<td></td>
<td>✓ single or sessonal use(^6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inpatient care to any individuals in the extremely vulnerable group undergoing shielding(^8)</td>
<td>✓ single use(^5)</td>
<td>✓ single use(^6)</td>
<td></td>
<td></td>
<td>✓ single use(^5)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 1**

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. The full list of aerosol generating procedures (AGPs) is within the COVID-19 IPC guidance [note AGPs are undergoing a further review at present].
4. Higher risk acute areas include ICU/HDUs, ED resuscitation areas; wards with non-invasive ventilation; operating theatres; endoscopy units for upper respiratory, ENT or upper GI endoscopy, and other clinical areas where AGPs are regularly performed.
5. Single use refers to disposables of PPE or decontamination of reusable items e.g. gauze protection or respirator, after each patient and/or following completion of a procedure. Risk or sessonal disposal or decontamination further details after each patient contact for Standard Infection Control Precautions (SICPs).
6. A session refers to a period of time where a healthcare worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round, providing ongoing care for inpatients. A session ends when the healthcare worker leaves the care setting/exposure environment. Sessonal use should always be risk assessed and considered where there are high levels of hospital cases, PPE should be discarded of after each session or earlier if damaged, soiled, or uncomfortable.
7. Risk assessed use refers to utilising PPE when there is an anticipated likelihood of contamination - use the following chart as a reference.

Patient use of PPE: In closed wards, communal waiting areas and during transportation, it is recommended that suspension or confirmed cases wear a surgical face mask that can be tolerated. The aim of this is to minimize the dispersal of respiratory secretions, reduce both direct transmission risk and environmental contamination. A surgical face mask should not be worn by patients if there is potential clinical care to be compromised (e.g. when receiving oxygen therapy).
# Recommended PPE for primary, outpatient and community care by setting, NHS and independent sector

<table>
<thead>
<tr>
<th>Setting</th>
<th>Context</th>
<th>Disposable Gloves</th>
<th>Disposable Plastic Apron</th>
<th>Disposable fluid-resistant coverall/pony</th>
<th>Surgical mask</th>
<th>Fluid-resistant (Type IIR) surgical mask</th>
<th>Filtering face piece respirator</th>
<th>Eye/face protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any setting</td>
<td>Performing an aerosol generating procedure on a possible or confirmed case</td>
<td>✔ single use</td>
<td>✗</td>
<td>✔ single use</td>
<td>✗</td>
<td>✗</td>
<td>✔ single use</td>
<td>✔ single use</td>
</tr>
<tr>
<td>Primary care, ambulatory care, and other non-emergency outpatient and other clinical settings: e.g. radiology, dental, maternity, mental health</td>
<td>Direct patient care – possible or confirmed case(s) (within 2 metres)</td>
<td>✔ single use</td>
<td>✔ single use</td>
<td>✗</td>
<td>✔ single use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Working in reception/communal area with possible or confirmed case(s) and unable to maintain 2 metres social distance</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
</tr>
<tr>
<td>Individuals own home (current place of residence)</td>
<td>Direct care to any member of the household where any member of the household is a possible or confirmed case</td>
<td>✔ single use</td>
<td>✔ single use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Direct care to or visit to any individual in the extremely vulnerable group or where a member of the household is within the extremely vulnerable group undergoing shielding</td>
<td>✔ single use</td>
<td>✔ single use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>Home birth where any member of the household is a possible or confirmed case</td>
<td>✔ single use</td>
<td>✔ single use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
</tr>
<tr>
<td>Community care home, mental health patients and other overnight care facilities: e.g. learning disability, hospices, prison healthcare</td>
<td>Facility with possible or confirmed case(s) – and direct resident care (within 2 metres)</td>
<td>✔ single use</td>
<td>✔ single use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
</tr>
<tr>
<td>Any setting</td>
<td>Collection of nasopharyngeal swab</td>
<td>✔ single use</td>
<td>✔ single or sessional use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
<td>✔ single or sessional use</td>
<td>✗</td>
</tr>
</tbody>
</table>

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Table 2

1. This may be single or reusable face/eye protection (for face mask or goggles).
2. The full list of aerosol generating procedures (AGPs) is within the PPE guidance [see AGPs are undergoing a further review at present].
4. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICP).
5. Single session refers to a period of time where a health care worker is undertaking duties in a specific care setting/healthcare environment e.g. on a ward round providing ongoing care for inpatients. A session ends when the health care worker leaves the care setting/healthcare environment.
6. Sessional use should always be risk assessed and considered where there are high rates of community cases. PPE should be disposed of after each session or earlier if damaged, soiled, or uncomfortable.
7. Risk assessment tool should take into account the presence or not of a face mask or distance on entering, where the healthcare worker assessed that an individual is asymptomatic with suspected/certified case; appropriate PPE should be put on prior to providing care.
# Recommended PPE for ambulance staff, paramedics, first responders, other patient transport services and pharmacy staff

<table>
<thead>
<tr>
<th>Setting</th>
<th>Context</th>
<th>Disposable Gloves</th>
<th>Disposable Plastic Apron</th>
<th>Disposable fluid-resistant overalls/poncho</th>
<th>Surgical mask</th>
<th>Fluid-resistant (Type IIR) surgical mask</th>
<th>Filtering face piece respirator</th>
<th>Eye/face protection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance staff/paramedic/first responders/pre-Hospital critical care/ Helicopter Emergency Medical Service/hospital transport services</td>
<td>Performing an aerosol generating procedure e.g. intubation, suctioning on a possible or confirmed case(1)</td>
<td>✓ single use (1)</td>
<td>✓</td>
<td>✓ single use overalls (1)</td>
<td>✓</td>
<td>✓</td>
<td>✓ single use (2)</td>
<td>✓ single use (1)</td>
</tr>
<tr>
<td>Direct patient care = possible or confirmed case(1) (within 2 metres)</td>
<td>✓ single use (1)</td>
<td>✓ single use (1)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓ single use (2)</td>
<td>✓ single use (1)</td>
</tr>
<tr>
<td>Driver conveying possible or confirmed case(1) in vehicle with a bulkhead, no anticipated direct care(2)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Driver conveying possible or confirmed case(1) in vehicle without a bulkhead, no direct patient care and within 2 metres(2)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pharmacy staff/workers</td>
<td>Working in an area with possible or confirmed case(3) and unable to maintain 2 metres social distance(2)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pharmacy staff/workers</td>
<td>Working in an area with possible or confirmed case(3) and able to maintain social distancing</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Table 3

1. This may be single or reusable face/eye protection/full face visor or goggles.
2. The full list of aerosol generating procedures (AGPs) is within the ICP guidance [note AGPs are undergoing a further review at present]
4. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirators after each patient and/or following completion of a procedure, task, or session; disposal or decontamination, reusable items after each patient contact as per Standard Infection Control Precautions (SICPs). 
5. Non-clinical staff should maintain 2m social distancing, through moving out a controlled distance. Social distancing should always be risk assessed and considered where there are high rates of community cases. 
6. In communal walking areas and during transportation, it is recommended that suspected or confirmed cases wear a surgical face mask if this can be tolerated. The aim of this is to minimise the disposal of respiratory equipment, reduce both direct transmission risk and environmental contamination. A surgical facemask should not be worn by patients if there is potential for their clinical care to be compromised (e.g. when receiving oxygen therapy).
Additional considerations, in addition to standard infection prevention and control precautions, where there is sustained transmission of COVID-19, taking into account individual risk assessment for this new and emerging pathogen, NHS and independent sector.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Context</th>
<th>Disposal Gloves</th>
<th>Disposable Plastic Apron</th>
<th>Disposable fluid-repellent coverall/gown</th>
<th>Surgical mask</th>
<th>Fluid-resistant (Type IIR) surgical mask</th>
<th>Filtering face piece respirator</th>
<th>Eye/face protectiona</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any setting</td>
<td>Direct patient/resident care assessing an individual that is not currently a possible or confirmed case (within 2 metres)</td>
<td>✔ single usea</td>
<td>✔ single usea</td>
<td>✗</td>
<td>✗</td>
<td>✗ risk assess occasional usea</td>
<td>✗</td>
<td>✗ risk assess occasional usea</td>
</tr>
<tr>
<td>Any setting</td>
<td>Performing an aerosol generating procedure on an individual that is not currently a possible or confirmed case</td>
<td>✔ single usea</td>
<td>✗</td>
<td>✔ single usea</td>
<td>✗</td>
<td>✗</td>
<td>✗</td>
<td>✗ single usea</td>
</tr>
</tbody>
</table>

Table 4

1. This may be single or reusable (eye) protection/full face visor or goggles.
3. Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient contact and following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions (SICP).
4. Risk assess prior to entering PPE when there is an anticipated high risk of contamination with respiratory droplets, disperse or bodily fluids. Where staff consider there is a risk to themselves or the individuals they are caring for they should wear a fluid resistant surgical mask with or without eye protection as determined by the individual staff member for the care episode/individual session.
5. A single session refers to a period of time where a healthcare worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round, providing ongoing care for patients. A session ends when the healthcare worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and consider the risk of infection to and from patients, residents and healthcare workers where COVID-19 is circulating in the community and hospitals. PPE should be disposed of after each session or if damaged, soiled, or uncomfortable.
6. The full list of aerosol generating procedures (AGPs) is within the IPC guidance (note AGPs are undergoing a further review at present).
Unsuspected COVID-19
PPE General Area

Hand hygiene
Wash your hands with non-antimicrobial liquid soap and water:
• visibly soiled or dirty;
• caring for a patient with a suspected or known gastrointestinal infection e.g. norovirus or a spore forming organism i.e. Clostridium.
In all other circumstances alcohol based hand rub can be used as an alternative to hand washing with liquid soap and water.

Eye Protection / Visor:
Self assessment of risk for eye protection session or single use.

Fluid Resistant Surgical Mask:
Half mask assessment of risk for mask session or single use.

Gloves must be:
• worn when exposure to blood and/or other body fluids is anticipated likely e.g. taking blood;
• changed immediately after each patient and/or following completion of a procedure or task;
• changed if a puncture or puncture is suspected;
• appropriate for use, fit for purpose and well fitting.

Aprons must be:
• worn to protect uniform or clothes when contamination is anticipated likely e.g. when undertaking direct care e.g. assisted wash or suction task;
• changed between patients and/or following completion of a procedure or task.

Remember to perform hand hygiene following removal/disposal of PPE.

Please refer to the full UK COVID-19 guidance for Infection Prevention and Control on the HPS COVID-19 web page

COVID-19 response
Unsuspected COVID-19
PPE in Social/Community/Residential

Hand hygiene
Wash your hands with non-antimicrobial liquid soap and water if:
- visibly soiled or dirty;
- caring for an individual with a suspected or known gastrointestinal infection e.g. norovirus or a spore-forming organism i.e. Clostridium;
- in all other circumstances alcohol-based hand rubs can be used as an alternative to hand washing with liquid soap and water.

Eye Protection / Visor:
- self-assessment of risk for eye protection session or single use

Fluid Resistant Surgical Mask:
- self-assessment of risk for mask session or single use

Gloves must be:
- worn when exposure to blood and/or other body fluids and/ or potential blood-contaminated material is too high for the protection provided by hand hygiene or the above;
- changed immediately after each patient contact;
- changed if a perforation or puncture is suspected;
- appropriate for use, fit for purpose and well-fitting.

Aprons must be:
- worn to protect uniform or overalls when contamination is anticipated likely e.g. when undertaking direct care e.g. assisted wash or suction/clean task;
- changed between individuals and/or following completion of a procedure or task.

Remember to perform hand hygiene following removal/disposal of PPE.

Please refer to the full UK COVID-19 guidance for Infection Prevention and Control on the HPS COVID-19 web page.
Suspected/Confirmed COVID-19 PPE for High Risk Acute Care Area

Aerosol Generating Procedures

Please refer to the full UK COVID-19 guidance for Infection Prevention and Control on the NPS COVID-19 web page

Full Face Shield / Eye Protection sessional use*
* If wearing FFP mask, full face shield must also be worn

FFP Face Mask sessional use

Gloves - single use

Use single use disposable apron on top of gown between patients

Long Sleeved Fluid Repellent Gown sessional use

Remember to perform hand hygiene following removal/disposal of PPE.
Aerosol-generating procedures include:

- Intubation, extubation and related procedures e.g. manual ventilation and open suctioning of the respiratory tract (including the upper respiratory tract)
- Tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- Bronchoscopy and upper ENT airway procedures that involve suctioning
- Upper Gastro-intestinal Endoscopy where there is open suctioning of the upper respiratory tract
- Surgery and post mortem procedures involving high-speed devices
- Some dental procedures (e.g. high-speed drilling)
- Non-invasive ventilation (NIV) e.g. Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- High Frequency Oscillatory Ventilation (HFOV)
- Induction of sputum
- High flow nasal oxygen (HFNO)

Further details relating to respiratory protective equipment can be found in the UK: COVID-19 Guidance for infection prevention and control
Sessional use of PPE

During the COVID-19 pandemic, some PPE can be worn as sessional use. This refers mainly to masks and gowns. As detailed previously please see the PPE Tables contained within the COVID-19 Infection prevention and control guidance for more details.

Sessional use is defined as a period of time when a healthcare worker is undertaking duties in a specific care setting where there is exposure to COVID-19.

A session ends when the healthcare worker leaves the care setting or exposure area.

Fluid resistant surgical face masks can be worn for approximately 3-4 hours.

FFP masks can be worn for between 1-8 hours depending on comfort.

PPE must be removed if damaged, soiled or uncomfortable and disposed of accordingly.
COVID-19 Guidance for infection prevention and control in healthcare settings - Safe management of linen

No special procedures are required, follow SICPs and TBPs

All linen used in the direct care of patients with suspected and confirmed COVID-19 should be managed as ‘infectious’ linen.

- You must handle, transport and process linen in a manner that prevents exposure to the skin and mucous membranes of you, your clothing and the environment:
  - Disposable gloves and an apron should be worn when handling infectious linen.
  - All linen should be handled inside the patient room/cohoot area.
  - A laundry receptacle should be available as close as possible to the point of use for immediate linen deposit.
COVID-19 Guidance for infection prevention and control in healthcare settings - Staff uniforms/clothes

The appropriate use of personal protective equipment (PPE) will protect your uniform from contamination in most circumstances. You should be provided with changing rooms/areas where you can change into uniforms on arrival at work.

You may be asked to wear theatre scrubs if you are likely to come into close contact with patients.

Healthcare laundry services should be used to launder your uniforms.

If there is no laundry facility available, then uniforms should be transported home in a disposable plastic bag. This bag should be disposed of into the household waste stream.
COVID-19 Guidance for infection prevention and control in healthcare settings-Staff uniforms/clothes
As per SICPs these are:
Uniforms should be laundered:
- separately from other household linen;
- in a load not more than half the machine capacity;
- at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried.

NB. It is best practice to change into and out of uniforms at work and **not wear them when travelling**; this is based on public perception rather than evidence of an infection risk. This does not apply to community health workers who are required to travel between patients in the same uniform.
COVID-19 Guidance for infection prevention and control in healthcare settings - Management of blood and body fluids

Spillages must be decontaminated in line with the National Infection Prevention and Control Manual Appendix 9

COVID-19 Guidance for infection prevention and control in healthcare settings - healthcare clinical and non-clinical waste

- Large volumes of waste may be generated by frequent use of PPE; advice from your local waste management team should be sought if you have any questions.
- Dispose of all waste as clinical waste.

Waste from a possible or a confirmed case must be disposed of as Category B waste.
COVID-19 Guidance for infection prevention and control in healthcare settings - Management of equipment and the care environment

Decontamination of equipment and the care environment must be performed using either:

- A combined detergent/disinfectant solution at a dilution of 1,000 parts per million available chlorine (ppm available chlorine (av.cl.)); or
- A general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1,000 ppm av.cl.

- You must only use cleaning (detergent) and disinfectant products supplied by employers are to be used.
- Products must be prepared and used according to the manufacturers’ instructions and recommended product "contact times" must be followed.
- If alternative cleaning agents/disinfectants are to be used, they should only on the advice of the IPCT and conform to EN standard 14476 for virucidal activity.
COVID-19 Guidance for infection prevention and control in healthcare settings - Management of equipment and the care environment

Equipment
Patient care equipment should be single-use items if possible. Reusable (communal) non-invasive equipment should as far as possible be allocated to the individual patient or cohort of patients.
Reusable (communal) non-invasive equipment must be decontaminated:
- between each patient and after patient use;
- after blood and body fluid contamination

Environment
Patient isolations rooms, cohort areas and clinical rooms must be decontaminated at least daily. Clinical rooms should also be decontaminated after clinical sessions for patients with suspected/known pandemic COVID-19. In addition, patient isolation rooms must be terminally cleaned:
- Following resolution of symptoms, discharge or transfer (this includes removal and laundering of all curtains and bed screens);
- Once vacated by staff following an AGP.

Contact your IPC Team for guidance
COVID-19- Restricting visiting health care facilities

- Visiting throughout healthcare facilities should be restricted to help prevent the spread of COVID-19
- Essential visiting includes parents of children in care facilities and loved ones to an individual during end of life care
- The number of visitors in this scenario should be limited and appropriate IPC advice given to loved ones.
COVID-19 Guidance for infection prevention and control in healthcare settings-Handling dead bodies

• You must apply Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) whilst deceased individuals remain in the care environment.

• Where the deceased was known or suspected to have been infected with COVID-19, there is no requirement for a body bag, and viewing, hygienic preparations, post-mortem and embalming are all permitted.
What to do if you develop symptoms
The most common symptoms of COVID-19 are a new continuous cough and/or a fever/high temperature (37.8°C or greater).

A new continuous cough is where you:

- Have a new cough that’s lasted for an hour have had 3 or more episodes of coughing in 24 hours are coughing more than usual
- A high temperature is feeling hot to the touch on your chest or back (you don’t need to measure your temperature). You may feel warm, cold or shivery
- Some people will have more serious symptoms, including pneumonia or difficulty breathing, which might require admission to hospital.
If you feel ill while at work:

⚠️ Report it to your line manager or occupational health department

⚠️ Do not carry on working

If you develop symptoms while off duty

• Do not go to work
• Report it to your line manager
• Stay at home for 7 days from the start of your symptoms even if you think your symptoms are mild.
• Do not go to your GP, pharmacy or hospital.
• Read NHSInform stay at home guidance for households with possible coronavirus (COVID-19) infection.

• **You should phone 111 if:**
  • Your symptoms worsen during home isolation, especially if you’re in a high or extremely high risk group
  • Breathlessness develops or worsens, particularly if you’re in a high or extremely high risk group
  • Your symptoms haven’t improved in 7 days

• If you have a medical emergency, phone 999 and tell them you have COVID-19 symptoms
Conclusion:

Thank you for taking the time to go through this resource and for supporting the Pandemic Coronavirus COVID-19 response

Further information on COVID-19 can be accessed through:
HPS COVID-19 webpage
https://www.hps.scot.nhs.uk/a-to-z-of-Topics/covid-19/

NHS Inform